

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF Oregon

**Form 1. Notice of Appeal from a Judgment or Order of a
United States District Court**

U.S. District Court case number: 3:22-cv-00573-HZ

Notice is hereby given that the appellant(s) listed below hereby appeal(s) to the United States Court of Appeals for the Ninth Circuit.

Date case was first filed in U.S. District Court: April 18, 2022

Date of judgment or order you are appealing: January 3, 2023

Docket entry number of judgment or order you are appealing: 30

Fee paid for appeal? *(appeal fees are paid at the U.S. District Court)*

☒ Yes ☐ No ☐ IFP was granted by U.S. District Court

List all Appellants *(List each party filing the appeal. Do not use "et al." or other abbreviations.)*

Legacy Health; Legacy Good Samaritan Hospital and Medical Center; Legacy Mount Hood Medical Center; Legacy Meridian Park Hospital dba Legacy Meridian Park Medical Center; Legacy Emanuel Hospital & Health Center dba Legacy Emanuel Medical Center

Is this a cross-appeal? ☐ Yes ☒ No

If yes, what is the first appeal case number? n/a

Was there a previous appeal in this case? ☐ Yes ☒ No

If yes, what is the prior appeal case number? n/a

Your mailing address (if pro se):

n/a

City:

State:

Zip Code:

Prisoner Inmate or A Number (if applicable): n/a

Signature /s/ Richard C. Hunt

Date January 17, 2023

Complete and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov